1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1667

CERTIFICATE OF DEATH

01631

Reg. Dist. No. 182

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural— Bel Air

LENGTH OF STAY (In this place) 4 mOs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maulsby St., Bel Air, Md.

STREET ADDRESS (If rural give location) X/

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Henry (Last) Ayres

4. DATE OF DEATH (Month) February (Day) 24, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	W	Wid.	Feb. 26, 1880	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) U.S. Mail Delivery

10b. KIND OF BUSINESS OR INDUSTRY Rail Road Station to Post Office

11. BIRTHPLACE (State or foreign country) Harford County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Ayres

14. MOTHER'S MAIDEN NAME Ann R. Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-18-7926

17. INFORMANT & ADDRESS Mrs. Elizabeth A. Caplan Elkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221 IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS, terminating — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Ch. Cardio-vascular disease — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1953 19 to Feb. 24, 1955, that I last saw the deceased alive on Feb. 23, 19 55, and that death occurred at 6:30 a.m. from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Willard P. Hudson M.D.	Forest Hill Md.	2-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 26, 1955	Bel Air Memorial Gardens	Bel Air, Harford County, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 2. 25. 55	Priscilla Fawcett	Foster Funeral Home	Bel Air, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Feb. 26, 1880 74

U.S. Mail Delivery Station ... Harford County, Maryland U.S.

218-18-1926 Mrs. Elizabeth A. Caplan Elkton, Md.

BUREAU V.S.

RECEIVED FEB 28 1955

Burial Feb. 26, 1955 Bel Air Memorial Gardens Bel Air, Harford County, Md.

Foster Funeral Home Joseph W. Foster Bel Air, Md.

1668 MARYLAND STATE DEPARTMENT OF HEALTH 01632

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; LENGTH OF STAY (In this place) 25 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) ELIZABETH (Last) BAIR
4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	Married	Feb.24,1896	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Cecil Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Harris
14. MOTHER'S MAIDEN NAME: Phoebe Riale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Aldie L. Bair, Edgewood, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HYPOSTATIC PNEUMONIA — 14 MONTHS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) AMYOTROPHIC LATERAL SCLEROSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 1 NOV, 1953, to 6 FEB, 1955, that I last saw the deceased alive on 4 FEB, 1955, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE C. W. Stewart Jr. (Degree or title) M.D. ADDRESS BOX 95, EDGEWOOD, MD. DATE SIGNED 6 FEB 55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb.8,1955	Bel Air Memorial Gardens	Bel Air, Harford, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb.7,1955	Norma B. Moore	Howard R. Mc Comas & Son, Abingdon, Md.

1669

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01633 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

1. PLACE OF DEATH:
COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural #2 Kalmbacher's Store

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen Rural #2
STREET ADDRESS (If rural, give location) Kalmbachers Store

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) Edward (Last) Barton

4. DATE OF DEATH (Month) February (Day) 10 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Dec 21-1954		1	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Maryland	USA

13. FATHER'S NAME: Clarence Barton

14. MOTHER'S MAIDEN NAME: Norma Lee Hughes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		—	Aberdeen Police Dept Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X

Immediate cause (a) Lobar pneumonia — DUE TO — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 2/10/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/11/55	Seltzer family cemetery	Near Seltzer West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 11-1955	Nellie L. Terry	John G. Tarring	Aberdeen Md.

10V4172404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01634

1670 **CERTIFICATE OF DEATH** Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place) Three hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Miss. COUNTY Newton
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hickory
STREET ADDRESS (If rural give location) P.O. Box 62

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Lee (Last) Boose
4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12 July 1930
9. AGE last birthday 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Army
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Clay Boose (Deceased)
14. MOTHER'S MAIDEN NAME: Velma Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1951-pres
16. SOCIAL SECURITY NO. 425-54-3377
17. INFORMANT & ADDRESS: Personnel Service, U. S. Army

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X
IMMEDIATE CAUSE (A) Cerebral Contusion — INTERVAL BETWEEN ONSET AND DEATH: Four hours
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ——
19B. MAJOR FINDINGS OF OPERATION ——
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Highway - Route 40
21C. WHERE DID INJURY OCCUR? (City or town) Joppa (County) Harford (State) Md
21D. TIME OF INJURY (Month) Feb (Day) 6 (Year) 1955 (Hour) 1055 AM
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from 6 Feb, 19 55 to 6 Feb, 19 55, that I last saw the deceased alive on 6 Feb, 19 55, and that death occurred at 3:15 P M, from the causes and on the date stated above.

SIGNATURE Gerald C. Palmer MD Deputy Medical Examiner — ADDRESS — DATE SIGNED
ROBERT T. WALKER, 1st Lt, MC — U.S. Army Hosp, APG, Md — 6 Feb 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF Feb. 7-1955 — NAME OF CEMETERY OR CREMATORY Harper County Hickory Cemetery — LOCATION (City, town, or county) Hattiesburg Miss (Forrest County, Miss. Meridian)

DATE REC'D BY LOCAL REGISTRAR Feb. 7-1955 — REGISTRAR'S SIGNATURE Nellie G. Perry
24. FUNERAL DIRECTOR John G. Barnhill — ADDRESS Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01635

1650

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre De Grace

LENGTH OF STAY (in this place) 20 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace

STREET ADDRESS (If rural give location) 622 N. Stokes Street

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Bell (Last) Braswell

4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Apr. 18, 1886	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk Edwards	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		—	Mrs. Florence B. Freeman Aberdeen, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardiac Decompensation 2 weeks

DUE TO (C) Arteriosclerotic Heart disease 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3, 19 55, to 2/21, 19 55, that I last saw the deceased alive on 2/21, 19 55, and that death occurred at 9:55 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D. Havre de Grace, Md. Dr. M. L. Wadsworth M.D. — **ADDRESS** (Street, city, town, state) — **DATE SIGNED** 2/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB. 24 1955	ANGEL HILL Cem.	HAVRE DE GRACE Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb-24-1955	C. L. Lewis M.D.	P. Madison Mitchell	HAVRE DE GRACE MD.

1651 MARYLAND STATE DEPARTMENT OF HEALTH 01636

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) 07X-2

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Brown.

4. DATE OF DEATH: (Month) February (Day) 6 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-28-1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Rail Road Track Supervisor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Brown.

14. MOTHER'S MAIDEN NAME: Martha Isaac.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Rose Brown, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1955, to 2/6, 1955, that I last saw the deceased alive on 2/6, 1955, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederick Haslam M.D. 17 N. Main Blvd. Aberdeen Md 2/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 9 1955 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Md

DATE REC'D BY LOCAL REG. Feb-9-1955 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS: Vera A. Patterson & Son Perryville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1652

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01637

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH

COUNTY Harford Co — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 Havre-de Grace

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Harford Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre-de Grace 24

STREET ADDRESS (If rural give location) 115 Market St. 1

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Allan (Last) Bucchi

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Male	White	Single	8/2/1953	1 yrs.	6	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Havre de Grace, Md	U.S.A.

13. FATHER'S NAME: Alfred Bucchi

14. MOTHER'S MAIDEN NAME: Edna L. Barnard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Alfred Bucchi, 115 Market St Havre de Grace

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492X IMMEDIATE CAUSE (A) Viral - Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B) Dehydration - Acidosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 19 55, to Feb 20, 19 55, that I last saw the deceased alive on Feb 20, 19 55, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

SIGNATURE C. L. Lewis MD M.D. — **ADDRESS** (Street, city, town, state) Havre de Grace Md — **DATE SIGNED** 2-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/23/55	Mt. Erin	Havre de Grace Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb 22-55	C. L. Lewis MD	Bauernschub	Havre de Grace Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1653

CERTIFICATE OF DEATH

01638

Reg. Dist. No. 18-2

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 32 Bel Air

LENGTH OF STAY (in this place) 6 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Harford

CITY OR TOWN Bel Air 32

STREET ADDRESS (If rural give location) Mausby Street

3. NAME OF DECEASED (Type or Print) (First) MILTON (Middle) J. (Last) BULL, Sr.

4. DATE OF DEATH (Month) February (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	W	Married	Sept. 14, 1885	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	SELF EMPLOYED	MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Bull	Sophia Elliott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
UNK	212-16-0549	SEWELL Bull, Bel Air, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4427 IMMEDIATE CAUSE	(A) Uremia, terminating	3 da.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive Cardio-renal disease, chronic	?
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1930, to Feb. 20, 1955, that I last saw the deceased alive on Feb. 19, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M.D. **ADDRESS** (Street, city, town, state) Forest Hill, Md. **DATE SIGNED** 2-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 22, 55	Bel Air Memorial Gardens	Bel Air, Harford Co., Md. Bel Air

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2-21-55	Priscilla Forwood	Foster Funeral Home, Joseph W. Foster

1654 **MARYLAND STATE DEPARTMENT OF HEALTH** 01639

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 3 ½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural, give location) 312 LAFAYEHE

3. NAME OF DECEASED (Type or Print): (First) BEULAH (Middle) (Last) COULTER

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 10, 1955

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 3-24-1898

9. AGE last birthday: 55 yrs. If under 1 year: Months 10, Days 17, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY WATERS

14. MOTHER'S MAIDEN NAME: SARA FLETCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Howard V. Coulter, 812 Lafayette St. Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 X

Immediate cause (a) Carcinoma Uterus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bowel Carcinomatosis

(c) Cachexia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Uterus

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1955 to Feb 10, 1955, that I last saw the deceased alive on Feb 10, 1955, and that death occurred at 1-36 A m., from the causes and on the date stated above.

SIGNATURE: Charles J. Tilley M.D. (Degree or title) ADDRESS Havre de Grace Md. DATE SIGNED 2/10/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2/12/55

NAME OF CEMETERY OR CREMATORY: Angel Hill

LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: Feb-12-55

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Cunningham & Son ADDRESS: Havre de Grace Md.

Dr. Palmer, Coroner, suggested that I fill in this certificate. Robert Barthel, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1671

CERTIFICATE OF DEATH

01640

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY HARFORD — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X MT. HOREB ROAD
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. HOREB ROAD X
STREET ADDRESS (If rural give location) STREET R.D.? MD. /

3. NAME OF DECEASED (Type or Print) (First) Augustus (Middle) Foard (Last) Durham

4. DATE OF DEATH (Month) Feb. (Day) 19, (Year) 1955

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAR 1, 1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER
11. BIRTHPLACE (State or foreign country) HARFORD CO.? MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILLIAM DURHAM
14. MOTHER'S MAIDEN NAME MARTHA VIRGINIA FOARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO. 218-14-9247
17. INFORMANT & ADDRESS MRS. ANNA B. DURHAM, STREET, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary Thrombosis, acute	Immediate
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary Thrombosis, previous attack.	2 years
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1955, to Feb. 19, 1955, that I last saw the deceased alive on ...., 19...., and that death occurred at 2:30 pM, from the causes and on the date stated above.
Patient dead on arrival. Have never attended deceased before.

SIGNATURE Robert Barthel M.D.
ADDRESS (Street, city, town, state) Forest Hill, Maryland
DATE SIGNED 2-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Feb. 22, '55
NAME OF CEMETERY OR CREMATORY Jarrettsville
LOCATION (City, town, or county) (State) Jarrettsville, Md.

24. REC'D BY REGISTRAR DATE 2-21-55
REGISTRAR'S SIGNATURE Priscilla Forwood
25. FUNERAL DIRECTOR'S SIGNATURE Martin G. Kurtz ADDRESS Jarrettsville, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

1655

01641 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — Maryland MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Havre de Grace

STREET ADDRESS (If rural, give location) Adams

3. NAME OF DECEASED: (Type or Print) (First) Esahel (Middle) Fulton (Last)

4. DATE OF DEATH: (Month) February (Day) 19 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Single	4/4/1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Painter	V.A. Hosp. Perry Pt.	Flintville, Md.	U.S.A.

13. FATHER'S NAME: J.W. Fulton

14. MOTHER'S MAIDEN NAME: Eliza Barrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	W.W. I	214-18-7212	Mrs. Geo. Pierce, 613 Franklin, Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arteriosclerotic C V Disease DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2/19/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/22/55	Angel Hill	Havre de Grace Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb 22-55	C. L. Lewis M. D.	Cannon & Son Havre de Grace, Md

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1672

01642

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH

COUNTY HARFORD — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ROCKS

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) 00 Rocks Chrome Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY HARFORD

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKS X

STREET ADDRESS (If rural give location) ROCK CHROME HILL Rd

3. NAME OF DECEASED (Type or Print) (First) JACKIE (Middle) RAY (Last) GREENE

4. DATE OF DEATH (Month) FEB (Day) 14 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	FEB 14, 1955	NEW BORN				2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond Columbus Greene

14. MOTHER'S MAIDEN NAME Nadean Rosella Blackburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Father

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Aspirated Amniotic fluid

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Premature baby - aborted at

DUE TO (C) 22 weeks pregnancy.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

INTERVAL BETWEEN ONSET AND DEATH: 2 min

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Feb, 19 55, to 14 Feb, 19 55, that I last saw the deceased alive on 14 Feb, 19 55, and that death occurred at 10:32 AM from the causes and on the date stated above.

SIGNATURE Philip W. Heuman M.D. ADDRESS (Street, city, town, state) 307 Hickory, Bel Air, Md DATE SIGNED 14 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Feb. 16, 1955 NAME OF CEMETERY OR CREMATORY Forwood Bros Cem LOCATION (City, town, or county) Harford Co (State) Md

24. REC'D BY REGISTRAR DATE 2-15-55 REGISTRAR'S SIGNATURE Priscilla Forwood

25. FUNERAL DIRECTOR'S SIGNATURE H. S. Bailey ADDRESS Darlington Md

102517122 1

1656 **MARYLAND STATE DEPARTMENT OF HEALTH** 01643

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 24 Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair, Md. X
STREET ADDRESS (If rural, give location) Victory Lane 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Baby	Girl	Grogan	Feb.	7	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	Feb 7 1955	yrs.		20 / 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	—	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hearst A. Grogan	Helen Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

770.0
Immediate cause (a) ATELECTASIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 7, 1955, to Feb 7, 1955, that I last saw the deceased alive on Feb 7, 1955, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Brown McDonald Jr. M.D.	Aberdeen, Md.	2-8-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 9 1955	Oak Grove Cemetery	R.F.D. Bel Air, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 11 55	A. L. Lewis M.D.	L. Keith Thomas	Bel Air, Md.

20254144 04

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01644

1673

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Rural
LENGTH OF STAY (in this place) 18 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Havre de Grace Heights

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Rural
STREET ADDRESS (If rural give location) Havre de Grace Heights

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Ann (Last) Grover

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-16-1884

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry B. Jones

14. MOTHER'S MAIDEN NAME: Delilah Carlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-34-5107

17. INFORMANT & ADDRESS: Mrs Carl Wheeler, Havre de Grace, Heights Havre de Grace, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Sudden

420.1

Antecedent causes (s) Disesses or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Yesr) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/23, 19 55, to 2/23, 19 55, that I last saw the deceased alive on 2/23, 19 55, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph R. Dole Physician

ADDRESS Havre de Grace, Md

DATE SIGNED 2/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2-26-1955

NAME OF CEMETERY OR CREMATORY Hopewell

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Feb-24-1955

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Lee A. Patterson & Son

ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01645

1657

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre-de-Grace — LENGTH OF STAY (in this place) 15 min.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen

STREET ADDRESS (If rural give location) 422 Lorraine St.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) (Last) Gula

4. DATE OF DEATH (Month) (Day) (Year) 2-19 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 13-1889	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-wife	Home	Austria	U.S.A.

13. FATHER'S NAME (Unknown) Partyka

14. MOTHER'S MAIDEN NAME ——— (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	None	George S. Gula (Son)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
3327 IMMEDIATE CAUSE (A)	CEREBRAL THROMBOSIS	2 WEEKS
ANTECEDENT CAUSE(S) DUE TO (B)	GENERALIZED ARTERIOSCLEROSIS	10 YEARS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 1, 1952, to FEB. 19, 1955, that I last saw the deceased alive on FEB. 19, 1955, and that death occurred at 6⁰⁰ P.M. from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
I Brown McDonald M.D.	Aberdeen, Md.	FEB 19, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Feb 20-1955	Mt. Olivet Cemetery	Maspeth Long Island N.Y.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb-21-1955	A. K. Lewis M.D.	John G. Tarring	Aberdeen, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1658

01646

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace

LENGTH OF STAY (in this place): 24

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Mem. Hospital 71

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Pennsylvania — COUNTY Philadelphia

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Philadelphia

STREET ADDRESS (If rural give location): 314 N. 41st STREET

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Elizah (Last) HARRIS

4. DATE OF DEATH: (Month) 2 (Day) 22 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
male	Negro	Widowed	1-15-1884	71 yrs.	—	-	-	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	LONGSHOREMAN	ATLANTA, GA.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NO RECORD	NO RECORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	NONE	MRS Susie LEE-HAVRE-de-GRACE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

260 X (C) Hypertensive Arteriosclerotic Heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1955, to 2/22, 1955, that I last saw the deceased alive on 2/22, 1955, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE George T. Stansbury, M.D. — **ADDRESS** (Street, city, town, state) 569 Revolution St, Havre de Grace, Md. — **DATE SIGNED** 2/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-27-55	UNION METHODIST CEM.	SWANS CREEK-MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb 24-1955	G. L. Lewis M.D.	Elmer E. Bullock	HAVRE-DE-GRACE

1659

01647 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Steven (Middle) A (Last) Hughes

4. DATE OF DEATH (Month) February (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: Oct. 27 1870

9. AGE Last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Crop Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Evan Hughes

14. MOTHER'S MAIDEN NAME: Sarah Garrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 243-28-0284

17. INFORMANT & ADDRESS: Mrs. Mabel Russell Aberdeen, Md, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

816X Immediate cause (a) Fracture skull DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture R femur, Fracture ribs, multiple

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway 40

21c. (City or town) Aberdeen (County) Harford (State) Md

21d. TIME OF INJURY (Month) 2 (Day) 20 (Year) 55 (Hour) 8 45 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident, auto-auto type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
~~ASSISTANT MEDICAL EXAM.~~

DATE SIGNED 2/20/55

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF Feb. 23 1955 — NAME OF CEMETERY OR CREMATORY Rock Run Cem — LOCATION (City, town, or county) Harford Co, (State) Md

DATE REC'D BY LOCAL REG. Feb 23 1955 — REGISTRAR'S SIGNATURE A. L. Lewis M. D. — **24. FUNERAL DIRECTOR** H. S. Bailey — ADDRESS Darlington, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1660

01648

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural give location) 137 Deaver

3. NAME OF DECEASED (Type or Print) (First) Oliver (Middle) J. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) 2/26/55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 31 1881	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Engineer	Laundry	Darlington Md	U.S.A.

13. FATHER'S NAME John Jones — 14. MOTHER'S MAIDEN NAME Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		215-09-5157	Frances E. Jones 137 Deaver Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A)	Cardiac Decompensation	6 days
ANTECEDENT CAUSE(S) DUE TO	(B)	Coronary Insufficiency	3 wks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C)	Arterio Sclerotic Heart Disease	1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/, 19 55, to 2/26/, 19 55, that I last saw the deceased alive on 2/26/, 19 55, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE Arthur R. Wadsworth M.D. **ADDRESS** (Street, city, town, state) Havre de Grace Md **DATE SIGNED** 2/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/28/55	Angel Hill	Havre de Grace, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb-28-1955	G. L. Lewis M.D.	Dennis Lyon & Son	Havre de Grace, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1661

CERTIFICATE OF DEATH

01649

Reg. Dist. No. 185

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 Havre-de-Grace

LENGTH OF STAY (in this place) 36 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air, Md — 32

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) (First) Baby Girl (Middle) (Last) Linger

4. DATE OF DEATH (Month) February (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Newborn	2-17-55	36 hrs ~~Yrs.~~		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONe

10b. KIND OF BUSINESS OR INDUSTRY NONe

11. BIRTHPLACE (State or foreign country) Havre de Grace Hospital, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Donald Linger.

14. MOTHER'S MAIDEN NAME Josephine Valli.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT & ADDRESS Donald Linger 26 Gordon St. Bel Air Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.3 IMMEDIATE CAUSE (A) Interventricular Septal Defect (Congenital) — INTERVAL BETWEEN ONSET AND DEATH Birth

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1955, to 2/18, 1955, that I last saw the deceased alive on 2/18, 1955, and that death occurred at 6:35 P.M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Frederick Statem M.D.	17 N. Main St Bel Air, Md	2/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 19/55	Bel Air Memorial Gardens	Bel Air, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb-24-55	C. L. Lewis M.D.	Foster Funeral Home, Joseph W. Foster	Bel Air, Md.

202528384

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01650

1674

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural--Bel Air
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 Almshouse--Harford Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa, Maryland X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) ELBERT (Middle) A (Last) L O W E R Y
4. DATE OF DEATH: (Month) February (Day) 14 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 20th March 1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Lowery
14. MOTHER'S MAIDEN NAME: Ellen Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Cora L. Gwynn Forge Road Fullerton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — 6 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) HYPERTENSIVE CARDIO-VASCULAR DISEASE — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1955 to Feb. 14, 1955, that I last saw the deceased alive on Feb. 12, 1955, and that death occurred at 8:30 a.m. from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M.D. ADDRESS Forest Hill, Md. DATE SIGNED 2-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2/17/55
NAME OF CEMETERY OR CREMATORY Mt. Zion Methodist
LOCATION (City, town, or county) (State) Mountains, Maryland

DATE REC'D BY LOCAL REGISTRAR 2.16.55
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Otelia J. Bullock ADDRESS Havre de Grace, Md.

01651

MARYLAND 1675

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel - Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) ann (Last) McDoon

4. DATE OF DEATH (Month) (Day) (Year): February 22 1955

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow — 8. DATE OF BIRTH: Nov. 16, 1872 — 9. AGE last birthday: 82 yrs. — If under 1 year: Months — If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework at home — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Harford Co, Md, — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Lamb — 14. MOTHER'S MAIDEN NAME: Genett Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No — 16. SOCIAL SECURITY No.: No — 17. INFORMANT AND ADDRESS: John Lamb Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH
422.1
Immediate cause (a) Arteriosclerotic C V disease
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1955, to 2/22, 1955, that I last saw the deceased alive on Feb 21, 1955, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Bel Air Md. 2/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: Burial Feb. 24 1955 — NAME OF CEMETERY OR CREMATORY: Dublin M. Ch — LOCATION (City, town, or county) (State): Harford Co, Md

DATE REC'D BY LOCAL REG. Feb. 23 1955 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR — ADDRESS: H. S. Bailey, Darlington Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01652

1676 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bel Air Rural
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia X
STREET ADDRESS (If rural give location) Bel-Air R. D. 1

3. NAME OF DECEASED: (Type or Print) (First) G. (Middle) SHERMAN (Last) MINK

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower | 8. DATE OF BIRTH: — 1864 | 9. AGE last birthday 91 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Ash Co. N.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Mehaley Mink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Oscar H. Mink, Rocks, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.1	(A) CORONARY OCCLUSION	1 hr.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) CHR. CARDIO-VASCULAR DISEASE	5
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	CHR. ARTHRITIS	?

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1948, to 2/2/55, 19....., that I last saw the deceased alive on 1/26/55, 19....., and that death occurred at 10:00 P M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M. D. ADDRESS Forest Hill Md DATE SIGNED 2/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb 5, 1955 | NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens | LOCATION (City, town, or county) (State) Bel Air, Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2.4.55 | REGISTRAR'S SIGNATURE Priscilla Fawood | 24. FUNERAL DIRECTOR ADDRESS Martin G. Kurtz, Jarrettsville, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1662

01653

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 Havre de Grace, Md —

LENGTH OF STAY (In this place) 12 HRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace, Md 24

STREET ADDRESS (If rural give location) 666 Green St

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Nelson (Last) Mitchell

4. DATE OF DEATH (Month) February (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		July 21, 1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Schaufer	Retired	Harford Co. Md	U.S.A.

13. FATHER'S NAME Robert O Mitchell

14. MOTHER'S MAIDEN NAME Mary Amanda Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-05-7905

17. INFORMANT & ADDRESS G. Nelson Mitchell Havre de Grace Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 12 HRS.

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw the deceased alive on ..... 19..... and that death occurred at 7:25 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. — **ADDRESS** (Street, city, town, state) 602 S. Union Havre de Grace Md. — **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB 21 1955	Angel Hill Cem.	Havre de Grace, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb-21-1955	A. L. Lewis M.D.	R. Madison Mitchell	Havre de Grace Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1677 01654

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bylesville Md. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. HARFORD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bylesville Md. X
STREET ADDRESS (If rural give location) Bylesville Md. 1

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) C. (Last) Mitzel

4. DATE OF DEATH: (Month) (Day) (Year) Feby. 15 - 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Oct. 12-1897 | 9. AGE last birthday: 57 yrs. | IF UNDER 1 YEAR: Months 4 Days 25 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer | 10b. KIND OF BUSINESS OR INDUSTRY: farmer | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Mitzel | 14. MOTHER'S MAIDEN NAME: Emma Hoffsingle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Albert Mitzel Bylesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Thrombosis — 10 days.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Chronic Myocarditis ?
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1954, to Dec 14, 1955, that I last saw the deceased alive on Dec 14, 1955, and that death occurred at 8.34 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward H. Nyson M.D. Fawn Grove, Pa. Feb 17, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feby 19-1955 | NAME OF CEMETERY OR CREMATORY Mundon Cem | LOCATION (City, town, or county) (State) Mundon Cem York Co Pa.

DATE REC'D BY LOCAL REGISTRAR 2-18-55 | REGISTRAR'S SIGNATURE Priscilla Fourwood | 24. FUNERAL DIRECTOR Kenneth W. Orwig | ADDRESS Stewartstown Pa.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1678

CERTIFICATE OF DEATH

01656

Reg. Dist. No. 180

1. PLACE OF DEATH

COUNTY: Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Abingdon

LENGTH OF STAY (in this place): lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Abingdon

STREET ADDRESS (If rural give location): X / X

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) M. (Last) Moulsdale

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 23 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Feb. July, 21, 1900	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	none	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Morlok	Rosia De Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	none	Andrew G. Moulsdale, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X IMMEDIATE CAUSE (A) GENERALIZED CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: OVER 1YR

ANTECEDENT CAUSE(S) DUE TO (B) ADENO CARCINOMA RECTO SIGMOID — " "

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 29, 1955	ADENO CARCINOMA RECTO SIGMOID WITH METASTASES	YES ☐ NO ☑

21a. ACCIDENT / WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1954, to 23 Feb, 1955, that I last saw the deceased alive on 22 Feb, 1955, and that death occurred at 11:30P M, from the causes and on the date stated above.

SIGNATURE: Philip W. Newman M.D. — ADDRESS (Street, city, town, state): 307 HICKORY, Bel Air, Md — DATE SIGNED: 24 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 26, 1955	St. Paul's Lutheran	Stepney, Harford, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb. 26, 1955	Norma G. Moore	Howard K. Mc Comas & Son, Abingdon, Md. Howard K McComas Jr

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1663

01655

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH

COUNTY HARFORD MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 214 HAVRE de GRACE

LENGTH OF STAY (in this place) 13 HRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY HARFORD

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whiteford

STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) JAMES (Last) NORRIS

4. DATE OF DEATH (Month) February (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	White	Widowed	2, 8, 1868	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
POSTMASTER	Civil Service	Maryland	U.S.A.

13. FATHER'S NAME: MATTHEW NORRIS

14. MOTHER'S MAIDEN NAME: SUSANNA Gifting

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO			X Blythe

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion with Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Cardiovascular disease ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260.2 DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (1) Bronchopneumonia (2) Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12th, 1955, to Feb. 13th, 1955, that I last saw the deceased alive on Feb. 12th, 1955, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE Edward Frost M.D. ADDRESS (Street, city, town, state) 420 N. Union Ave., Havre de Grace, Md. DATE SIGNED 2/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Feb. 16, 1955	SLATE RIDGE	DELTA, PA.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb. 14-55	A. L. Lewis M.D.	John H. Harkins	Delta Pa.

1664

01657 WC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

1. PLACE OF DEATH: COUNTY Harford MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 N. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Bel Air

STREET ADDRESS (If rural, give location) 308 N. Main Street

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) MUNDER (Last) PRATHER

4. DATE OF DEATH (Month) Feb. (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): X

8. DATE OF BIRTH: 9/30/1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: W. Md. Dairy

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Francis Prather

14. MOTHER'S MAIDEN NAME: Isabella Clendenin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-2977

17. INFORMANT & ADDRESS: Mrs. Ruth Russell Prather Belair, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 421.1 — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Calcific aortic stenosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Myocardial hypertrophy

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Lovett M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Feb. 16, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 19-1955 — NAME OF CEMETERY OR CREMATORY Belair Memorial Gardens — LOCATION (City, town, or county) (State) Belair Md

DATE REC'D BY LOCAL REG. 2/17/55 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Bertram J. Jones — ADDRESS 2324 N. Charles

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1679

CERTIFICATE OF DEATH

01658

Reg. Dist. No. 181

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Aberdeen

LENGTH OF STAY (in this place) 31 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 U. S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland NY COUNTY Harford ✓

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Aberdeen) Jamestown 69X-3

STREET ADDRESS (If rural give location) 302 Old Post Road Rural (see bottom)

3. NAME OF DECEASED (Type or Print) (First) VERNA (Middle) DOTT (Last) SHAFFER

4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Female	White	Single	Jan. 20, 1955	——— yrs.	—	31		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert J. Shaffer	Georgenia D. Erickson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	- - - - -	Robert J Shaffer 302 Old Post Rd, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

962.0 IMMEDIATE CAUSE (A) Cerebral Anoxia with resultent inability to swallow — INTERVAL BETWEEN ONSET AND DEATH: 31 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Atelectasis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 1955, to Feb 19, 1955, that I last saw the deceased alive on Feb 19, 1955, and that death occurred at 1:10 PM, from the causes and on the date stated above. 19 Feb 55

SIGNATURE Robert D Hume Jr. M.D. ADDRESS (Street, city, town, state) U.S. Army Hosp., Aberdeen Proving Ground, Md. DATE SIGNED

ROBERT D HUME JR, Maj MC

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/22/55	(entombment)	Jamestown New York

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2/22/55	Nellie R. Perry	John G. Tarring	Aberdeen Md.

201523235 4

RECEIVED

FEB 24 1955

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01659

1680

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fallston Rural
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fallston X
STREET ADDRESS (If rural give location) Rural 1

3. NAME OF DECEASED: (First) William (Middle) Franklin (Last) SPARKS
4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Oct 17, 1950
9. AGE last birthday 4 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York Pa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jesse Sparks
14. MOTHER'S MAIDEN NAME: Mary Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Jesse Sparks, Fallston Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Septicemia — ?
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO ac. Streptococcal Tonsillitis — ?
(C)

051X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1955, to Feb 5, 1955, that I last saw the deceased alive on Feb 5, 1955, and that death occurred at 12:15 A M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M.D. ADDRESS Forest Hill DATE SIGNED 2/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb 8 1955
NAME OF CEMETERY OR CREMATORY Friendship Methodist
LOCATION (City, town, or county) Fallston (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/9/55
REGISTRAR'S SIGNATURE Priscilla Foxwood
24. FUNERAL DIRECTOR W J Archer
ADDRESS Benson Md

1665

01660

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 1 & 16 Film G179 4-5-55 are

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEL AIR HAVRE de GRACE
LENGTH OF STAY (in this place) 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY HARFORD
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~BEL AIR~~ HAVRE de GRACE - HARFORD CTY. MD
STREET ADDRESS (If rural, give location) 131 WEBER Street

3. NAME OF DECEASED: (Type or Print) (First) RONALD (Middle) (Last) STILLMAN

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	White	SINGLE	JULY 1, 1950	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	HAVRE de GRACE	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
EUGENE I STILLMAN	RUBY G SAYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No NO	NONE	EUGENE I STILLMAN, 131 WEBER ST, HAVRE de GRACE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

576X

Immediate cause (a) Generalized peritonitis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Paul F. Green M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 2-19-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2/20/55	ANGEL HILL	HAVRE de GRACE HARFORD, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 20-1955	A. K. Lewis M.D.	Cunningham & Son	Havre de Grace, Md

1681

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 01662

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
LENGTH OF STAY (in this place) 4 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) F. (Last) Van Valkenburgh, Jr.,

4. DATE OF DEATH (Month) February (Day) 18 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb.8,1920

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James F. Van Valkenburgh

14. MOTHER'S MAIDEN NAME: Annie Boling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO.: 240-16-5753

17. INFORMANT & ADDRESS: Regina M. Van Valkenburgh, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM~~ ☐ DATE SIGNED 2-18-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF Feb.18,1955

NAME OF CEMETERY OR CREMATORY Groce Funeral Home

LOCATION (City, town, or county) (State) Asheville North Carolina.

DATE REC'D BY LOCAL REG. Feb. 21, 1955

REGISTRAR'S SIGNATURE Norma B. Moore

24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son, Abingdon, Md.

VS. A15A - 5 - 53

1666

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01663 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Havre de Grace — LENGTH OF STAY (in this place) 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 425 N. Union

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) A. (Last) Weymouth
4. DATE OF DEATH (Month) (Day) (Year) February 1 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7/12/1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Metallurgist	Aberdeen Proving Ground	Lowell Mass	U.S.A.

13. FATHER'S NAME: Samuel D. Weymouth
14. MOTHER'S MAIDEN NAME: Elvira Cumer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
W. W. 2	168-03-3531	Mrs Alice G. M. Weymouth 425 N. Union Ave. Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Comminuted fracture pelvis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

812X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rupture urinary bladder — 1 day

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY main Ave	21c. (City or town) (County) (State) Havre de Grace Harford Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12/31/55 6 P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Auto accident, auto-pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☒
~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED 2/1/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	2/2/55	Greenmount	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 2-1955	H. L. Lewis M.D.	Penning & Son	Havre de Grace Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01664

1682

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Bel Air Rural
LENGTH OF STAY (in this place) 8 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Walters Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air, Rural
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) E. (Last) Winemiller

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: Oct. 11, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper

10B. KIND OF BUSINESS OR INDUSTRY: Country Store

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Joseph B. Winemiller

14. MOTHER'S MAIDEN NAME: Lydia Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: James G. Winemiller Stewartstown, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chr. Cardio-vascular Disease DUE TO — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1954 to Feb. 15, 1955, that I last saw the deceased alive on Feb. 14, 1955, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE Willard R. Hudson M. D. ADDRESS Forest Hill, Md. DATE SIGNED 2-15-55

23. BURIAL, CREMATION, ~~REMOVAL (SPECIFY)~~ Burial DATE THEREOF Feb. 18, 1955 NAME OF CEMETERY OR CREMATORY Stewartstown Cem. LOCATION (City, town, or county) (State) York Co. Penna.

DATE REC'D BY LOCAL REGISTRAR 2/18/55 REGISTRAR'S SIGNATURE Priscilla Fouwood

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.